

**STATE OF DELAWARE  
INSURANCE DEPARTMENT  
841 Silver Lake Boulevard  
Dover, Delaware 19904  
(302) 739-4251**

**SURPLUS LINES BROKER AFFIDAVIT**

In accordance with 18 Del. C., § 1905, the following is a DECLARATION by the SURPLUS LINES BROKER:

I declare under the penalties provided for perjury that I have made a diligent effort to procure the insurance coverage described below from licensed insurers which are authorized to transact the class of insurance involved and which accept, in the usual course of business, insurance on risks of the same class as the risk described below. Having been unable to secure such coverage, I have resorted to coverage with companies not licensed to operate in the State of Delaware and which are not under the jurisdiction of the Insurance Department of the State of Delaware.

Furthermore, this insurance was not exported for the purpose of securing lower rates than would be accepted by an authorized insurer or because of the term of the contract.

Among the licensed insurers declining to insure this risk or declining to increase the amount of insurance on this risk, are the following:

NAME OF COMPANY	INSURER'S REP. DECLINING
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1.) I have effected the insurance described herein with the following eligible surplus lines insurer(s):

NAME AND ADDRESS OF INSURED: 

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COMPANY OR INSURER	ADDRESS	% of RISK
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**DESCRIPTION OF COVERAGE:**

Type of Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Location of Risk: \_\_\_\_\_

Term of Policy: Inception \_\_\_\_\_ Expiration \_\_\_\_\_

Amount or Limit of Coverage: \_\_\_\_\_

Premium Charged: \_\_\_\_\_ Premium Tax as applicable: \_\_\_\_\_

2.) All applicable provisions of the Surplus Lines Law have been or will be complied with:

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Broker signature)

NAME OF SURPLUS LINES BROKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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